

PTO/SB/81 (01-08)

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Application Number	10 / 522,889
Filing Date	08 / 18 / 2005
First Named Inventor	Rudy Hengelmoer
Title	Auratic Tubular Liners
Art Unit	3734
Examiner Name	Blatt, Eric D
Attorney Docket Number	17 68 - 135

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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Please recognize or change the correspondence address for the above-identified application to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Freeflow Medical Limited		
Address	c/o 123 Deansgate		
City	Manchester	State	Zip M3 2BU
Country	United Kingdom		
Telephone	+44 (0) 7801 703889	Email	rudy.hengelmoer@gmail.com

I am the:

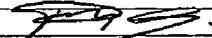
Applicant/Inventor.

OR

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature		Date	March 19, 2009
Name	RUDY HENGELMOER	Telephone	
Title and Company	FOUNDER & TECHNICAL DIRECTOR; FREEFLOW MEDICAL LTD		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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